



Office of the Administrative Director — Financial Services Division — Repro-Graphics Center

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA, 1ST FLOOR • HONOLULU, HAWAII 96813-2807

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WRITTEN PRICE QUOTE DUE 6-5-07

CONTRACTOR JOB SPECIFICATIONS

1. JRC Job Number 1D-V-047
2. Form Title/Number TERMS AND CONDITIONS/WORK VERIFICATION
3. Quantity Required 4,400 SETS
4. Date Required 3 WEEKS FROM RECEIPT OF P.O.
5. Finish Size Flat 10 5/8" X 11" Folded _____
Other _____
6. Paper Specs. 4-PART CARBONLESS CONTINUOUS FORM
1ST. SHT. YELLOW CB,.003", 2ND. SHT. WHITE CFB,.0025",
3RD. SHT. BLUE CFB,.0025", 4TH. SHT. GOLD CF,.0025"
BLACK IMAGE.
7. Numbering Specs. Location on Form NONE
Numbered From _____ to _____
Color of Numbers _____
8. Perforating Specs. 2-VERTICAL, 3/4" FROM LEFT EDGE AND 1 3/8" FROM RIGHT
EDGE 1- HORIZONTAL BETWEEN EACH SET. 1-HORIZONTAL,
5" FROM TOP OF FORM ON 3RD SHEET ONLY.
9. Ink specs. 1-SIDED PRINTING, BLACK AND RED, MARGINALS PRINT IN RED
NO PRINTING ON BACKER
10. Additional Requirements NEGATIVES WILL BE PROVIDED, PROOF REQUIRED.
CRIMP LOCK LEFT AND RIGHT MARGINS. BULK BOX, INVOICE AND SHIP DIRECT-
LY TO CIRCUIT COURT OF THE FIRST CIRCUIT, (AJCSRU) 1111 ALAKEA ST., 3RD.
FLOOR, HONOLULU, HI 96813. ATTN: WENDY REEVES 538-5728. RETURN NEGA-
TIVES AND 2-SAMPLES TO THE REPROGRAPHICS CENTER.

BELOW FOR REPRO-GRAPHICS USE ONLY

COMPANY	QUOTE	DATE	COMPANY	QUOTE	DATE

Ref:
POC:

The Judiciary, State of Hawai'i
First Judicial Circuit

ADULT/JUVENILE COMMUNITY SERVICE & RESTITUTION UNIT
TERMS AND CONDITIONS/WORK VERIFICATION

will be responsible for the satisfactory completion
of community service work under the following conditions:

TOTAL HOURS TO BE PERFORMED:

STARTING ON:

ENDING ON OR BEFORE:

AGENCY / ORG:

DUTIES TO BE PERFORMED:

REPORT TO:

PHONE:

SCHEDULE:

WORK VERIFICATION BY AGENCY / ORGANIZATION:

Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____
Date _____	Hrs _____	Date _____	Hrs _____	Date _____	Hrs _____

COMMENTS: _____

CSW placement may be terminated
after two (2) unexcused absences.

I certify that the work verification is true and correct to the best
of my knowledge, information and belief. Tampering with this
record is in violation of HRS Section 710-1017 and is punishable
by up to one (1) year in jail and/or a fine of \$2,000.00.

TOTAL HOURS: _____

NOTE: Please contact

RED

Agency/Org. Supervisor (Signature)

Date

AJCSRU G-1 5/96
1D-V-047 (03/04)

ORIGINAL - RETURN WHEN COMPLETED - RED

MARGINAL

1D-V-047

NOT ACTUAL SIZE

Ref:
POC:

The Judiciary, State of Hawai'i

COMMUNITY SERVICE SENTENCING BRANCH

TERMS AND CONDITIONS/WORK VERIFICATION

will be responsible for the satisfactory completion
of community service work under the following conditions:

TOTAL HOURS TO BE PERFORMED:

STARTING ON:

ENDING ON OR BEFORE:

AGENCY / ORG:

DUTIES TO BE PERFORMED:

REPORT TO:

PHONE:

SCHEDULE:

↓ INFORMATION ON 3RD SHEET ↓

WORK VERIFICATION BY AGENCY / ORGANIZATION:

Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____
Date _____ Hrs _____	Date _____ Hrs _____	Date _____ Hrs _____

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of my knowledge, information and belief. Tampering with this
record is in violation of HRS Section 710-1017 and is punishable
by up to one (1) year in jail and/or a fine of \$2,000.00.

TOTAL HOURS: _____

NOTE: Please contact

Agency/Org. Supervisor (Signature)

Date

DEFENDANT